

**UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF STATE**

John Smith and Mary North, on behalf of themselves  
and all others with similar claims,  
Plaintiffs

v.

Civil Action No. 00-1234

XYZ Corporation,  
Defendant

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**SUMMARY OF NOTICE OF PROPOSED CLASS ACTION SETTLEMENT,  
RIGHT TO EXCLUSION, AND HEARING**

To: All persons who have been exposed to asbestos fibers in Xbestos, XYZinsulation, and any other products of XYZ Corporation at any time.

**Read this notice carefully. You may be entitled to share in the settlement proceeds of a class action lawsuit. Your rights to money and other benefits may be affected.**

**This is not a lawsuit against you. You are not being sued. This is a notice of proposed class action settlement. In the following summary notice, you are being asked to decide whether you would like to participate in this class action.**

Plaintiffs (the class ) have filed a class action lawsuit against defendants (XYZ Corporation) alleging that XYZ Corporation produced building insulation materials and other products with knowledge that the asbestos fibers contained in those products posed a danger to the health and safety of anyone exposed to them. Plaintiffs and XYZ Corporation have decided to settle the case. The settlement must receive court approval to become effective. You may be entitled to money from the settlement fund if you have been exposed to asbestos fibers in Xbestos, XYZinsulate, or any other products of XYZ Corporation. You may qualify only if you do not exclude yourself from the class, are an officer or director of XYZ Corporation, or are a member of the immediate family of an officer or director.

Under the terms of the settlement, XYZ Corporation has agreed to create a settlement fund in the amount of \$300,000,000.00 plus whatever interest is earned after the fund is created. The attorneys for the class are asking for up to \$30,000,000.00 (10% of the settlement fund) plus interest for their services, expenses, and costs of administering the settlement. The remaining \$270,000,000.00 (part going to the Injury Compensation Fund and part going to the Medical Monitoring Fund) will be distributed to class members who submit valid claims. If you have been diagnosed with an asbestos-related disease the Injury Compensation Fund will be of interest to you. If you are not currently suffering from an asbestos-related disease, the Medical Monitoring Fund is more likely to be of interest to you.

Payments from the Injury Compensation Fund (\$200,000,000.00) described below will be based on medical diagnosis of any of the specific diseases that scientists have found to be associated with exposure to asbestos fibers.

<b>Type of Disease</b>	<b>Minimum Payment</b>	<b>Maximum Payment</b>	<b>Average Payment</b>
Mesothelioma	\$10,000	\$100,000	\$20,000-\$30,000
Lung Cancer	\$5,000	\$43,000	\$9,000-\$15,000
Other Cancer	\$2,500	\$16,000	\$4,000-\$6,000
Non-Malignant Disease	\$1,250	\$15,000	\$3,000-\$4,000

To qualify for a payment from the Injury Compensation Fund, you must submit a statement from a physician with a description of your current medical condition, including a diagnosis of the type or types of disease listed in the box above. If you wish to accept the minimum payment specified in column 2 of the table above for the diagnosis, you need not

submit the information on expenses or lost earnings, as explained further in the Claim Form (**BLUE FORM**) attached to this Notice. If, however, you wish to seek more than the minimum payment listed in the table, you must in addition submit copies of all medical records relating to the treatment of the disease(s), a signed release permitting the administrator of the Injury Compensation Fund to obtain copies of medical records, and records indicating lost earnings resulting from the medical condition. The administrator will decide the amount to be paid based on the severity of the disease, medical expenses, and lost earnings. You will have the right either to accept the administrator's finding, or to appeal it to an arbitrator or a judge.

We cannot know in advance exactly how many claims there will be for payment from the Injury Compensation Fund. To make sure that the fund does not get used up before some claims are filed, claims will initially be paid at one-half the value established by the administrator, arbitrator, or judge. If there are sufficient funds available after five years, the remaining payments will be made in whole or in part.

A separate fund, the Medical Monitoring Fund will consist of \$70,000,000.00 to compensate class members for the costs of determining whether or not they have an asbestos-related disease that may have resulted from their exposure to XYZ Corporation's asbestos-containing products. To qualify for payment, you must present evidence of exposure to one or more of XYZ Corporation's asbestos-containing products and must also present evidence of medical expenses incurred to test for the presence of asbestos-related disease. A payment of \$1,000.00 will be made to those who present evidence of exposure but do not, for any reason, have evidence of medical expenses.

*You have three options (see page 6):*

**1. If you are satisfied with the terms of the settlement and want to participate in the class action,** you will need to complete, sign, and mail the enclosed Claim Form (**BLUE FORM**) postmarked by December 3, 2001. In exchange for receiving the benefits of the settlement, you will be prohibited from bringing a lawsuit against XYZ Corporation based on exposure to any of XYZ Corporation's asbestos-containing products.

**2. If you are not satisfied with the terms of the settlement and want to participate in the class action,** you can object to, or comment on, the proposed settlement by completing and signing the enclosed Objection/Appearance Form (**GREEN FORM**) and mailing it along with a written statement postmarked by November 1, 2001. In the written statement, list in detail the

reasons you believe support your objection or comment. For example, in your written statement you may wish to discuss whether the proposed settlement is fair, reasonable, and adequate; whether the class representatives and their attorneys adequately represent the class; whether the attorney fees or expenses are reasonable; and any other aspect of the proposed settlement or the payment and distribution plan for the proposed settlement. United States District Judge Jane Jones will consider your objections or comments in deciding whether she will approve the proposed settlement.

Even if you file an objection, you still must file a Claim Form (**BLUE FORM**) if you want to share in any settlement the court may approve. Your claim will not be affected because you made an objection or comment.

**3. If you do not want to participate in this class action,** you should exclude yourself from the class by completing, signing and mailing the enclosed Exclusion Form (**PURPLE FORM**) postmarked by November 1, 2001. If you exclude yourself, you will not share in the proposed settlement. However, you will be free to pursue on your own as a member or representative of another class (if there is one), whatever claims you might have against XYZ Corporation based on exposure to any of XYZ Corporation's asbestos-containing products.

**WARNING: If you do not file any forms,** you will not receive the financial benefits of the proposed settlement. If you do not file any forms and the court approves the proposed settlement, you will also be prohibited from bringing a lawsuit against XYZ Corporation based on exposure to any of XYZ Corporation's asbestos-containing products.

On November 15, 2001 at 9 am, Judge Jones will hold a **hearing** on the proposed settlement in courtroom #5 in the Federal Courthouse located at 75 Spring Street, Any Town, US. The purpose of the hearing is to determine whether the proposed settlement is fair, reasonable, and adequate and whether it deserves court approval. You may attend the hearing if you wish but you are not required to attend.

If you file a claim, you will be represented by the attorneys for the class. You are free, however, to represent yourself or hire an attorney to represent you at your own expense. If you hire your own attorney to appear at the hearing **or** if you plan to appear at the hearing yourself, you will need to complete and mail the enclosed Objection/Appearance Form (**GREEN FORM**) postmarked by November 1, 2001.

If Judge Jones approves the proposed settlement, a claims administrator will notify you in writing if your claim has been accepted or rejected and will give you the reasons for any such rejection. You will have thirty days after that to correct any deficiencies in your claim. Each eligible class member who submits a valid claim will receive a payment in the form of a check. The amount of each check will be based on the type of disease (if any) and the amount of medical expenses and lost earnings (if any). The claims administrator expects to distribute the first set of payments within a year of Judge Jones' action on the proposed settlement.

This notice provides only a summary of matters regarding the lawsuit. If there is any difference between the terms of this notice and the settlement agreement, the language of the settlement agreement controls. Copies of the full notice, settlement agreement, other documents, court orders, and other information related to the lawsuit may be examined at **www.xyzclassaction.com** on the Internet or at the Office of the Clerk of the U.S. District Court at 75 Spring Street, Anytown, US. You may also obtain a copy of the settlement agreement and other information by calling **1-800-555-1234**. Please do not call the judge or the clerk of the court.

If you wish to obtain further information, you may do so by letter [or e-mail] at the address listed below. You should address any such inquiries to either:

The Claims Administrator

P.O. Box 32453

Any Town, US 12345

Email: admin@xyz.com

or

Attorneys for the class

P.O. Box 1628

Any Town, US 12345

Email: classatt@xyz.net

By order of the District Court

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Jane Jones

United States District Judge

### Summary of Options, Forms, Deadlines, and Consequences

If you want to:	File this form:	Postmarked by this date:	Then:	You may also file:
Object to or comment on the class action and/or enter an appearance for you or your attorney (see page 3-4)	<b>GREEN FORM</b> (Objection/Appearence Form)  <b>if you want to file a claim you must also file a BLUE FORM (see below)</b>	November 1, 2001	The Judge will: <ul style="list-style-type: none"> <li>• consider your objections and comments in deciding whether she will approve the settlement</li> <li>• You or your attorney may participate at the hearing</li> </ul>	<b>BLUE FORM</b> (Claim Form)
Exclude yourself from the class action (see page 4)	<b>PURPLE FORM</b> (Exclusion Form)	November 1, 2001	You will: <ul style="list-style-type: none"> <li>• not share in the benefits of the settlement;</li> <li>• be free to pursue by other legal action any claims you may have against XYZ Corporation.</li> </ul>	<b>Do not fill out any other forms</b>
File a claim (see page 3)	<b>BLUE FORM</b> (Claim Form)	December 3, 2001	You will: <ul style="list-style-type: none"> <li>• be bound by the proposed settlement if the court approves it;</li> <li>• share in the settlement if your claim is valid;</li> <li>• be prohibited from suing defendant based on the alleged wrongdoing.</li> </ul>	<b>GREEN FORM</b> (Objection/Appearence Form)

**UNITED STATES DISTRICT COURT FOR THE  
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John Smith and Mary North, on behalf of themselves  
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Defendant

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**CLAIM FORM**

(see page 3 of the notice)

File this form if you are eligible to and want to participate in the class action. If you also want to object to or comment on the proposed settlement and/or enter an appearance for yourself or your attorney, you need to file a **GREEN FORM**. If you file this **BLUE FORM**, do not file an **Exclusion Form (PURPLE FORM)**.

If you want to be eligible to participate in the distribution of the settlement fund, you must complete this form and mail and postmark it by November 1, 2001 to:

Claims Administrator  
P.O. Box 32453  
Any Town, US 12345

**Section I. Identification** (Please type or print)

Your name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address (if any) \_\_\_\_\_

**(Additional information on back of form).**

## **Section II. Exposure to asbestos-containing products of XYZ Corporation**

Please type or print your answers to the following questions. Use additional sheets if necessary.

1. List information you have regarding the dates of exposure to asbestos-containing products of XYZ Corporation. (e.g., employment dates, date of installation on home) (Attach records, if available)
2. Name the asbestos-containing product(s) of XYZ Corporation that you used or installed.
3. Name any co-worker(s) or installer(s) of asbestos-containing products of XYZ Corporation (include written statements signed by these coworker(s) or installer(s), if available).

## **Section III. Summary of medical claims relating to asbestos-containing products of XYZ Corporation** (For medical monitoring claims, go directly to Section V of this form.)

To support your claim, attach to this form a signed statement by a physician who has examined and treated you. The physician's statement should give or describe his or her diagnosis as specifically as possible, the likely cause or causes of the condition, the date of onset, and the physician's prognosis. If you wish to accept the minimum payment specified in column 2 of the table on page 2 of the accompanying Notice for the diagnosis of your condition, you need not submit the information on expense or lost requested below in this Section III. To claim future medical expenses, you must attach to this form a statement from a physician describing future treatment plans and estimating their cost. Claims for lost earnings must include proof of earnings prior to any disability related to the diagnosis. Claims for future earnings should include information about your age, occupation, and a summary of earnings prior to the onset of your inability to work.

Please type or print your answers to the following questions. Use additional sheets if necessary.

1. What is the diagnosis (attach physician's statement)?



2. What are your total medical expenses to date relating to asbestos-containing products of XYZ Corporation (attach billing statements)?
3. What are your anticipated future medical expenses relating to asbestos-containing products of XYZ Corporation (attach physician's statement)?
4. What are your lost earnings to date (attach W-2s, pay stubs, or other information about earnings one year before and at least one year after the onset of the medical condition relating to asbestos-containing products of XYZ Corporation)?
5. What are your anticipated future lost earnings (include below information about age, occupation and documentation of past earnings such as W-2's, pay stubs)?

**Section IV. Statement of additional claims, settlements, or payments.**

You must provide in this Section IV information about any claims relating to the diagnosis identified in Section III of this form that you have made to any other manufacturers, installers or asbestos-related companies whether in court cases, bankruptcy proceedings, or other proceedings or by direct claim.

Please type or print your answers to the following questions. Use additional sheets if necessary.

1. What is the title or caption of the proceedings (if any)?
2. What is the name(s) of the company(ies) involved in these proceedings or claims?
3. What is the type of proceeding (civil case, bankruptcy, direct claim)?

4. What is the amount to be paid to you as a result of the proceedings pursuant to settlement(s), judgment(s), or agreement(s) to pay?
5. List the name(s) of the company(ies) for which proceedings or claims have not yet determined the amounts to be paid to you?

**Section V. Statement of medical monitoring claims.**

To be eligible for payment of medical monitoring expenses, you must complete Sections II and V of this form and submit satisfactory evidence of exposure to XYZ Corporation's asbestos-containing products as required in Section II above.

Please place a check mark (3 ) after either Option 1 or Option 2 below:

Option 1

\_\_\_\_\_ I have incurred medical and other expenses of \$\_\_\_\_\_ in relation to determining whether or not I have an asbestos-related medical condition. I have attached documentation supporting this claim as required in Section II above.

Option 2

\_\_\_\_\_ I accept the XYZ Corporation's offer to pay \$1,000 for medical monitoring expenses.

I understand that by signing and mailing this Claim Form, I am, if the proposed settlement is approved, agreeing to follow the claims procedure specified in the class action settlement agreement. This means that I can only bring a lawsuit based on the alleged dangerousness or harmfulness of any asbestos-containing product manufactured by XYZ Corporation if I have first presented a claim to the claims administrator and proceeded to arbitration of any dispute about the administrator's award as described in the language of the Notice. In exchange, I will receive any share of the settlement to which I may be entitled.

Your signature \_\_\_\_\_

Date: \_\_\_\_\_

**UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF STATE**

John Smith and Mary North, on behalf of themselves  
and all others with similar claims,  
Plaintiffs

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Civil Action No. 00-1234

XYZ Corporation,  
Defendant

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**OBJECTION/APPEARANCE FORM**

(see pages 3-4 of notice)

File this form if you plan to object to or comment on the proposed settlement. In order to file a claim, you must also submit a <b>BLUE FORM</b> . If you plan on hiring an attorney to appear at the hearing, you must fill out the attorney information in Section II below.
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By submitting this form, I am objecting to or commenting on the proposed class action settlement in this case. Please check the appropriate box or boxes below if you or your attorney will appear at the hearing scheduled in this case for November 15, 2001 at 9:00 A.M. in the courtroom of Judge Jones, located at 75 Main Street, Any Town, US:

- ☐ I will appear at the hearing (fill out section I below)  
☐ My attorney will appear at the hearing (fill out sections I and II below)  
☐ I will not appear at the hearing (fill out section I below)

Your signature \_\_\_\_\_

Date: \_\_\_\_\_

**Section I (please print or type):**

Your name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address (if any) \_\_\_\_\_

**(Additional information on the back of this form.)**

**Section II (see section 7 of the Notice):**

**Please type or print the name and address of your attorney (if you have one):**

Attorney's name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address (if any) \_\_\_\_\_

Remember to attach to this form your written statement detailing your reasons for objecting to or commenting on the proposed settlement.
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Please mail this form and your written statement postmarked by November 1, 2001 to:

Clerk of the United States District Court for the Northern District of State  
P.O. Box 6226  
Any Town, US 12345

You must at the same time send a copy of this objection form and your written statement to the lead attorney for the class:

Herman Green, Esq.  
P.O. Box 1628  
Any Town, US 12345

and to defendant's attorney:

John Simmons, Esq.  
835 Peach Street  
Suite 950  
Any Town, US 12345

**UNITED STATES DISTRICT COURT FOR THE  
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**EXCLUSION FORM**

(see page 4 of notice)

<b>File this form if you plan on excluding yourself from the lawsuit. If you file this form, do not file any other form.</b>
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If you want to exclude yourself from the class, you must complete this form and mail and postmark it by November 1, 2001 to:

Claims Administrator  
P.O. Box 32453  
Any Town US 12345

I have received the Notice of Proposed Class Action Settlement, Right to Exclusion, and Hearing, dated October 4, 2000 and do **NOT** wish to remain a member of the plaintiff class certified in the case of Smith v. XYZ Corporation, Civil Action No. 00-1234, in the United States District Court for the Northern District of State.

I understand that by signing and mailing this form:

- I will not receive any of the monetary benefits of the proposed settlement as described in the Notice of Proposed Class Action Settlement, Right to Exclusion, and Hearing;
- I will not be represented in this action as a class member; and
- I may pursue, at my own expense, whatever claims I may have against the defendant. I understand that I would have to prove any claim I might file, and that any claim would be subject to any defenses defendant may have.

Your signature \_\_\_\_\_

Date: \_\_\_\_\_

**Please type or print:**

Your name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email address (if any) \_\_\_\_\_